

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5475



June 29, 1983

ALL-COUNTY LETTER NO. 83-59

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: REVISED FOOD STAMP PROGRAM EXPEDITED SERVICE ELIGIBILITY CRITERIA

REFERENCE:

State food stamp regulations were filed June 10, 1983 which revised the eligibility criteria for expedited service. The new criteria will become effective for all new applications and recertifications July 1, 1983.

With the implementation of these regulation changes, the language on the Application for Food Stamps - Part 1 (DFA 285-A1) and the instructions for determining expedited service eligibility will no longer be correct. As a result, CWDs are directed to take the following corrective measures to ensure that expedited service eligibility is accurately determined.

1. DFA 285-A1

- a. Verbally advise all applicants that the timeframe for expedited service processing is now five-calendar days; or,
- b. Hand-correct the form to indicate the five-calendar day timeframe (see attached English and Spanish samples); or,
- c. For CWDs which print their own supplies of the DFA 285-A1, revise the statement as indicated on the attached samples. No other revision to the form is permitted.

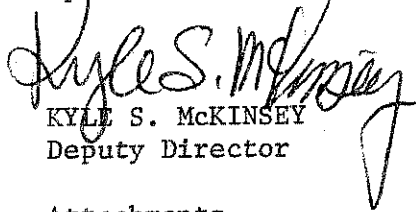
2. DFA 285-A1 Form Instructions

Use the attached revised instructions for expedited service eligibility. In order to ensure an accurate determination, the applicant must be asked an additional question (Step 2), the answer must be documented in the County-Use section, and all questions must be reviewed in the order prescribed by the Expedited Service Eligibility Review table.

State printed application forms will not be revised to reflect the expedited service changes until October 1983 when monthly reporting/retrospective budgeting is implemented.

Also, please note this corrects an error in All-County Letter No. 83-55, dated June 16, 1983. The maximum monthly gross income amount shown as "less than \$100" should have read "less than \$150".

Should you have any questions, please contact your Food Stamp Program Operations Consultant at (916) 322-5475.


KYLE S. McKINSEY
Deputy Director

Attachments

cc: CWDA

Form Instructions
(for Eligibility Worker)

Application for Food Stamps - Part 1

Purpose:

The DFA 285-A1 is Part 1 of the food stamp application form completed by all households when first applying for food stamps and at recertification. Part 1 is used to initiate the application process and to identify households requiring expedited service. To complete the application process, the household must also complete a DFA 285-A2 or a CA 2FS.

Preparation:

1st Section (Applicant Identification)

Manual Sections: 63-300.3, 63-301.1

An application is considered to be filed when it is received with the following information by the appropriate CWD office:

1. Applicant's name.
2. Applicant's address.
3. Household member or authorized representative signature.

When an application with the above information is received, enter the date of receipt in the space provided. This date begins the 30-calendar-day period during which an eligible household must be given the opportunity to participate, unless a CA-1 was completed before this date. In this case the date of the CA-1 begins the 30-calendar-day period.

2nd Section (Expedited Service)

Manual Sections: 63-301.5, 63-503.4

If the applicant completes this section, review the responses in accordance with the following Expedited Service Eligibility Review table to determine whether the applicant should be referred for expedited service. The questions must be reviewed in the order prescribed by the table or an inaccurate determination may be made.

APPLICATION FOR FOOD STAMPS

PART 1

FOR COUNTY USE ONLY

CASE NUMBER

DATE RECEIVED

Please complete all questions in ink.

Step 1. Complete Part 1

To begin to apply for food stamps, complete this page, and give it to us. We are required to take action on your application within 30 days from the date you give us this page. So, the sooner you give us this page, the quicker you will know if you will receive food stamps. Now go to Step 2.

Step 2. Complete Part 2

Part 2 must be completed before we can see if you are eligible for food stamps. You can return Part 2 to us along with this page or at the time of your interview. Try to fill out as much as possible before you give it to us. Your worker will help you with the rest during the interview.

NAME: LAST

FIRST

MIDDLE INITIAL

TELEPHONE NUMBER

ADDRESS: NUMBER, STREET, ROUTE NUMBER

CITY

STATE

ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

SIGNATURE (HEAD OF HOUSEHOLD, AUTHORIZED REPRESENTATIVE)

DATE

ANSWER THE FOLLOWING QUESTIONS IF YOUR HOUSEHOLD HAS LITTLE OR NO INCOME AND NEEDS FOOD STAMPS IMMEDIATELY.

If your household (you and the people who live and eat with you) has little or no income right now, you may be able to receive food stamps within ^{5 calendar} ~~three working~~ days.

1. Has anyone in your household received any income so far this month?

☐ Yes ☐ No If YES, how much? \$

2. Has your household's only income stopped?

☐ Yes ☐ No

3. Does anyone in your household expect to receive income later this month?

☐ Yes ☐ No ☐ Don't Know If YES, how much? \$ When?

4. How many people living in your home eat with you? (Including yourself)

5. How much do the members of your household have in cash and savings? (Give your best estimate of the total)

\$

| Review Step | Question | Applicant's Answer | CWD Action |
|-------------|----------|---|-----------------------------|
| 5 (cont'd) | 3 | Yes and income of \$25 or less will be received within 10 calendar days | Go to Step 6 |
| | 3 | Yes and income of more than \$25 will be received within 10 calendar days | Refer for normal processing |
| 6 | 1 and 4 | Income exceeds income standard for household size | Refer for normal processing |
| | 1 and 4 | Income does not exceed income standard for household size | Refer for expedited service |

Expedited Service Eligibility Review

| Review Step | Question | Applicant's Answer | CWD Action |
|-------------|--|---|--|
| 1 | 5 | More than \$100 | Refer for normal processing |
| | 5 | \$100 or less | Go to Step 2 |
| 2 | Ask applicant if anyone in the household is a migrant or seasonal farm worker. | Yes or No | Document in County-Use Section. Go to Step 3 |
| 3 | 1 and 3 | No and No or Don't Know | Refer for expedited service |
| | 1 and 3 | Any combination of Yes, No or Don't Know and amounts totaling less than \$150 | Refer for expedited service |
| | 1 and 3 | Any combination of Yes, No or Don't Know and amounts totaling \$150 or more | If Step 2 is "Yes", go to Step 4. If Step 2 is "No" refer for normal processing |
| 4 | 1 and 2 | Yes or No and Yes | Go to Step 6 |
| | 1 and 2 | Yes and No | Go to Step 5 |
| 5 | 3 | No or Don't Know | Go to Step 6 |
| | 3 | Yes and income will not be received within the next 10 calendar days | Go to Step 6 |